

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 700953-047113-C2
In re Application of Jeffrey Schlom, et al.		
Application Number 09/366,670	Filed 08/03/1999	
For RECOMBINANT POX VIRUS FOR IMMUNIZATION AGAINST MUCI TUMOR-ASSOCIATED ANTIGEN		
Group Art Unit 1632	Examiner R. Shukla	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>110.00</u>
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ <u>400.00</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <u>920.00</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ <u>1440.00</u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ <u>1960.00</u>

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0850.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

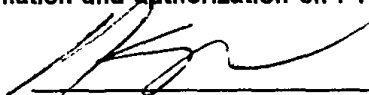
☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 34,235

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

1/25/02
Date


Signature
David S. Resnick
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.